



DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)
NOTIFICATION OF AGE FOUR (4) ELIGIBILITY EXPIRATION

DATE: _____

TO:

FROM:

FOLD HERE FOR WINDOW ENVELOPE.

RE: NOTIFICATION OF AGE FOUR (4) ELIGIBILITY EXPIRATION

Your child's eligibility will expire on their fourth (4th) birthday. To remain eligible for DDD services, you must reapply before your child's fourth (4th) birthday. Your child must be re-determined eligible due to one of the following conditions: Developmental Delay, Down Syndrome, Medically Intensive Program, or "too severe to be assessed".

We have attached the *Required Documentation Table* to let you know what is needed to make this re-determination.

To complete the review:

- Complete and sign the enclosed *Request for Eligibility Determination* and *Consent* forms.
- If you want DDD to send for the information requested, include the names, addresses and telephone numbers for all providers.
- Return both forms in the enclosed self-addressed envelope.

Please respond as soon as possible. If we do not hear from you, we will assume that you do not want to continue your child's eligibility with DDD. Without the proper documentation of an eligible condition by age four (4) your child's eligibility and DDD services will expire on his/her fourth (4th) birthday.

If you have questions, please contact _____ at _____

A copy of the state rules governing eligibility is available upon request or online at <http://www1.dshs.wa.gov/ddd/index.shtml>.

Sincerely,

NAME TELEPHONE NUMBER EMAIL ADDRESS

cc: Client File
Legal Representative
Client File

Enclosure: Required Documentation Table
Consent Form
Request For DDD Eligibility Determination
Notice of Privacy Practices
Brochures

EVIDENCE REQUIRED TO DETERMINE ELIGIBILITY FOR PERSONS AGE FIVE (5) OR YOUNGER

Developmental Delay	Developmental Assessment
Down Syndrome	Diagnosis
Too Severe to be Assessed	Physician or Psychologist diagnosis
Medically Intensive	Eligibility for Medically Intensive Home Care Program services per DDD